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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/791,310	03/01/2004	Michael Obi Ezekwe	2004-01

Larry A. Schemmel  
Office of the Attorney General  
P. O. Box 1850  
Jackson, MS 39215-1850



CONFIRMATION NO. 3527

## FORMALITIES LETTER



\*OC000000012807827\*

Date Mailed: 05/28/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

07/26/2004 EEKUBAY1 00000016 10791310

01 FC:2001	385.00 OP
02 FC:2051	65.00 OP
03 FC:2203	145.00 OP
04 FC:2202	108.00 OP
05 FC:2201	86.00 OP

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 385 to complete the basic filing fee for a small entity.*
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$339 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$789 for a Small Entity

- \$385 Statutory basic filing fee.
- \$65 Late oath or declaration Surcharge.
- Total additional claim fee(s) for this application is \$339

STATE OF MISSISSIPPI  
PAYMENT VOUCHER

07/13/04

TO: DEPARTMENT OF FINANCE & ADMINISTRATION  
JACKSON, MISSISSIPPI-----  
TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR  
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,  
CHARGEABLE AS FOLLOWS:  
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BATCH NUM:

PV NUMBER: PV 071 00000037299

PV DATE: ACCTG PRD:

BUDGET FY: 04

ACTION: E PV TYPE: 1

SCH PAY DATE:

OFF LIAB ACCT: FA IND:

DOCUMENT TOTAL: 789.00

EFT FLAG: N

VENDOR CODE: V99071MISC 0 HIPAA FLAG: N SINGLE CHECK FLAG: Y

VENDOR NAME: COMMISSIONER OF PATENTS

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LN	CD	DEPT	REFERENCE	COM	VENDOR	FUND	DEPT	ORG	SUB	APPR	ACTI
NO			NUMBER	LN	LN				ORG	UNIT	VITY
OBJ	SUB	REV	SUB	PROJ/GEN	REPT	B/S	ACCOUNT				
	OBJ	SRC	REV	NUMBER	CATG	ACCT.	NUMBER				
DESCRIPTION					AMOUNT	REC	DATE	I/D	P/F	LOC	
01					071-37299		3071	071	8030	24	2071
61660											
FILING FEES FOR PATENT							789.00	0630	2004		

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NAME OF DEPARTMENT: ATTORNEY GENERAL  
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## CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS JUST, DUE, CORRECT AND UNPAID, THAT  
THE GOODS SOLD OR SERVICES RENDERED HAVE BEEN DELIVERED OR PERFORMED IN GOOD  
ORDER AND THAT ALL STATUTORY REQUIREMENTS COVERING THE PAYMENT OF THIS CLAIM  
HAVE BEEN COMPLIED WITH, AND I NOW REQUEST ISSUANCE OF DEPARTMENT'S  
DISBURSEMENT WARRANT IN PAYMENT THEREOF.COUNTERSIGNED BY: \_\_\_\_\_  
(IF REQUIRED)SIGNED BY:                     

TITLE: \_\_\_\_\_

TITLE:                     

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